POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	K H		4/29
O.I.P.E. CLASSIFIER		0-10	12-10-61
FORMALITY REVIEW	177	708	12-20-0
RESPONSE FORMALITY REVIEW	- 	¿ 14	105-00-02

INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Restricted U Objected								
Claim Date	Claim Date	Claim Date						
- 3 2 Ch		_ <u> a</u> <u> a</u>						
Final Original	Final	Final						
12 7 2	51	101						
2 2 1	52	102						
3 3	53	103						
Ú 4	54	104						
, 5	55	105						
ы 6	56	106						
7 7	57	107						
9 8 1 1 1 1	58	108						
9 9	59	109						
O 10	60	110						
11 11 11 11	61	111						
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36	87	137						
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39	89	139						
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41	91	141						
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43	93	143						
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45	95	145						
46	96	146						
47	97	147						
48	98	148						
49	99	149						
50	100	150						

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If more than 150 claims or 10 actions staple additional sheet here